### **EFMB Test Score Sheet** COMMO — ASSEMBLE AND OPERATE A SINCGARS (ASIP) (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T) CANDIDATE # CANDIDATE'S RANK AND NAME TASK: ASSEMBLE AND OPERATE A SINCGARS (ASIP). CONDITIONS: Given a SINCGARS radio (AN/PRC-119E/F), handset, antenna base, whip antenna, a battery, an operating frequency, a call sign, and the receiving station's call sign. STANDARDS: Assemble the radio, set the operating frequency for single channel unsecured operation, and perform a radio check within 5 minutes. NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY. PERFORMANCE STEPS/MEASURES GO NO-GO 1. Install battery. 2. Screw whip antenna into antenna base, hand tight. 3. Screw antenna base into "RT ANT" connector, hand tight. 4. Connect handset connector to "AUD/DATA" connector. 5. Set "FCTN" to "TST." should read "GOOD." 6. Set "FCTN" to "LD." 7. Set "MODE" to "SC" via "MENU" key, then "COMSEC" to "PT". 8. Set "CHAN" to desired channel via "MENU" key. 9. Press "FREQ," then "CLR" on the keypad. 10. Enter the frequency given and press "STO" on the keypad. 11. Set "RF PWR" to desired setting ("LO," "M," "HI") via "MENU" key. 12. Set "FCTN" to "SQ ON." 13. Perform a radio check using correct radio procedure and prowords. 14. Complete all performance steps/measures within 5 minutes. **EVALUATOR WRITES:** TIME REQUIRED TO PERFORM TASK: DOES THE CANDIDATE WISH TO REBUT THIS TASK? YES REASON(S) NO FOR FAILURE (CANDIDATE INITIALS APPROPRIATE BOX) EVALUATOR'S SIGNATURE DATE LANE OIC/NCOIC INITIALS

### **EFMB Test Score Sheet** COMMO — ASSEMBLE AND OPERATE A SINCGARS (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T) CANDIDATE'S RANK AND NAME CANDIDATE # TASK: ASSEMBLE AND OPERATE A SINCGARS. CONDITIONS: Given a SINCGARS radio (AN/PRC-119A/B), handset, antenna base, whip antenna, a battery, an operating frequency, a call sign, and the receiving station's call sign. STANDARDS: Assemble the radio, set the operating frequency for single channel unsecured operation, and perform a radio check within 5 minutes. NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY. PERFORMANCE STEPS/MEASURES GO NO-GO 1. Install battery. 2. Screw whip antenna into antenna base, hand tight. 3. Screw antenna base into "RT ANT" connector, hand tight. 4. Connect handset connector to "AUD/DATA" connector. 5. Set "MODE" to "SC," "CHAN" to position "1," "COMSEC" to "PT," and "PWR" to desired setting. 6. Set "FCTN" to "TST," should read "GOOD." 7. Set "FCTN" to "LD." 8. Press "FREQ," then "CLR" on the keypad. 9. Enter the given frequency and press "STO" on the keypad. 10. Set the "FCTN" to "SQ ON." 11. Perform a radio check using correct radio procedure and prowords. 12. Complete all performance measures within 5 minutes. **EVALUATOR WRITES:** TIME REQUIRED TO PERFORM TASK: REASON(S) FOR FAILURE DOES THE CANDIDATE WISH TO REBUT THIS TASK? YES NO (CANDIDATE INITIALS APPROPRIATE BOX) EVALUATOR'S SIGNATURE DATE LANE OIC/NCOIC INITIALS

Worksheet # 031 to construct AMEDDC&S Form 1232, 1 NOV 11

### **EFMB Test Score Sheet** COMMO — LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS (ASIP) (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE'S RANK AND NAME CANDIDATE #

TASK: LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS (ASIP).

CONDITIONS: Given a SINCGARS radio (AN/PRC-119E/F) with components, a battery, an ANCD (AN/CYZ-10) or SKL loaded with signal operation instructions (SOI) and FH/COMSEC data and a W-4 cable, an operating frequency, a call sign, and the receiving station's call sign.

STANDARDS: Load radio for single channel secure operations and complete a radio check within 1	0 minut	es.
NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Set "FCTN" to "TST." Wait for "GOOD" on display.		
2. Set "FCTN" to "LD."		
NOTE: Steps 1 and 2 may be skipped if this task is performed after "Assemble and Operate a SINC task.	GARS (	ASIP)"
3. Set "COMSEC" to "CT" via "MENU" key.		
4. Set "MODE" to "FH" via "MENU" key.		
5. Press handset twice to clear audio alarm in handset to solid tone.		
6. Load FH/COMSEC.		
a. If using the ANCD:		
(1) Turn the ANCD on and enter "RADIO" at the main menu.		
(2) Press "Enter" for "Send-Radio-Icom" at next three screens.		
(3) Follow guidance for next two steps by down arrow.		
(4) Enter "Y" at the menu (time), then press "LOAD" on the "RT."		
b. If using the SKL:		
(1) Turn the SKL on and double click "CoreLib." Logon will appear.		
(2) Type in User ID and password. Click "OK."		
NOTE: For EFMB testing purposes the evaluator will provide the User ID and password to the candi	date.	
(3) Select the "Launch Tab" at the top of the screen.		
(4) Select "Launch UAS." "SKL" will be highlighted. Click "OK."		
(5) Start up information will appear. Select "OK."		
(6) Select the "Plats" tab. Select "SINCGARS." With "SINCGARS" highlighted, select "Load" icon at top right of screen.		
(7) Select "ICOM Transfer." Select "Include Time." Select "OK." "RT-1523" should appear. Select "Next."		
(8) Profiles page should appear. Check each task box as it is performed.		
(9) Connect the SKL to the SINCGARS (ASIP) with the W4 Cable.		
(10) Select "Send" on the SKL and press "LOAD" on the "RT."		
7. Set "CHAN" to desired channel via "MENU" key.		
8. Press "FREQ," then "CLR" on the keypad.		
9. Enter the frequency given and press "STO" on the keypad.		
10. Set "RF PWR" to desired setting ("LO", "M", or "HI").		
11. Set "FCTN" to "SQ ON."		
12. Conduct radio check using proper procedures and prowords.		
13. Complete all required performance measures within 10 minutes.		

<b>EVALUATOR WRITE</b>	<b>ES:</b> TIME REQUIRED TO PERFORM TASK:			
REASON(S) FOR FAILURE		DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES	NO
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE		DATE	

Worksheet # 032 to construct AMEDDC&S Form 1232, 1 NOV 11

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## EFMB Test Score Sheet COMMO — LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE'S RANK AND NAME CANDIDATE #

TASK: LOAD FH/COMSEC DATA AND CONDUCT RADIO CHECK USING SINCGARS.

**CONDITIONS:** Given a SINCGARS radio (AN/PRC-119A/B) with components, a battery, an ANCD (AN/CYZ-10) or SKL loaded with SOI and FH/COMSEC data and a W-4 cable, an operating frequency, a call sign, and the receiving station's call sign.

STANDARDS: Load radio for single channel secure operations and complete a radio check within 10 minutes. NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY. PERFORMANCE STEPS/MEASURES GO NO-GO 1. Set "FCTN" to "TST." Wait for "GOOD" on display. 2. Set "FCTN" to "LD." NOTE: Steps 1 and 2 may be skipped if this task is performed after "Assemble and Operate a SINCGARS" task. 3. Set "COMSEC" to "CT." 4. Set "MODE" to "FH." 5. Press handset twice to clear audio alarm in handset to solid tone. 6. Load FH/COMSEC. a. If using the ANCD: (1) Turn the ANCD on and enter "RADIO" at the main menu. (2) Press "Enter" for "Send-Radio-Icom" at next three screens. (3) Follow guidance for next two steps by down arrow. (4) Enter "Y" at the menu (time), then press "LOAD" on the "RT." b. If using the SKL: (1) Turn the SKL on and double click "CoreLib." Logon will appear. (2) Type in User ID and password. Click "OK." NOTE: For EFMB testing purposes the evaluator will provide the User ID and password to the candidate. (3) Select the "Launch Tab" at the top of the screen. (4) Select "Launch UAS." "SKL" will be highlighted. Click "OK." (5) Start up information will appear. Select "OK." (6) Select the "Plats" tab. Select "SINCGARS." With "SINCGARS" highlighted, select "Load" icon at top right of screen. (7) Select "ICOM Transfer." Select "Include Time." Select "OK." "RT-1523" should appear. Select "Next." (8) Profiles page should appear. Check each task box as it is performed. (9) Connect the SKL to the SINCGARS (ASIP) with the W4 Cable. (10) Select "Send" on the SKL and press "LOAD" on the "RT." 7. Set "CHAN" to desired position. 8. Press "FREQ," then "CLR" on the keypad. 9. Enter the frequency given and press "STO" on the keypad. 10. Set "RF PWR" to desired setting ("LO", "M", or "HI"). 11. Set "FCTN" to "SQ ON." 12. Conduct radio check using proper procedures and prowords. 13. Complete all required performance measures within 10 minutes.

Worksheet # 033 to construct AMEDDC&S Form 1232, 1 NOV 11

<b>EVALUATOR WRITES:</b>	TIME REQUIRED TO PERFORM TASK:		
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES	NO
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE	

Worksheet # 033 to construct AMEDDC&S Form 1232, 1 NOV 11

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# EFMB Test Score Sheet COMMO — PREPARE AND TRANSMIT A MEDEVAC REQUEST (USING SECURE MODE RADIO)

(For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE'S RANK AND NAME	CANDIDA	ATE#
TASK: PREPARE AND TRANSMIT A MEDEVAC REQUEST (USING SECURE MODE RADIO).	•	
<b>CONDITIONS:</b> Given three or four treated casualties (a minimum of one has a life threatening injury 004, a secure mode of communication (SINCGARS with secure fill loaded to operate in CT, FH), free call signs of candidate's unit and MEDEVAC unit, and the information required to complete GTA 08-	quencie -01-004.	s and
<b>STANDARDS:</b> Collect all applicable information and prioritize casualties. Transmit lines 1 through 9 radio procedures and prowords. Complete all performance steps/measures within 5 minutes.	) using p	proper
NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
NOTE: Prior to beginning this task, the evaluator will have the candidate state their rank, name, an social security number into a tape recorder. The evaluator will begin recording the task when the cready to begin transmitting the MEDEVAC request and will stop recording after the proword "OVER"	andidate	e is almost
Collect all applicable information needed for the MEDEVAC request line items one through nine.		
a. Obtain the grid coordinates for the pickup site.		
b. Obtain radio frequency, call sign, and suffix.		
c. Determine the number of patients and precedence.		
NOTE: Casualties are prioritized IAW Medical Evacuation precedences as listed in Chapter 4, Table	э 4-2.	
d. Determine the type of special equipment required.		
e. Determine the number and type (litter or ambulatory) of patients.		
f. Determine the security of the pickup site.		
g. Determine how the pickup site will be marked.		
h. Determine patient nationality and status.		
<ol> <li>Obtain pickup site CBRN contamination information normally obtained from the senior person or medic.</li> </ol>		
NOTE: Information for steps 1a, 1b, and 1i will be provided to the candidate during the OPORD, FR scenario brief. Information for steps 1c through 1h must be determined by the candidate during test		
2. Record the gathered MEDEVAC information using the authorized brevity codes (GTA 08-01-004).		
a. Location of pickup site (line 1).		
b. Radio frequency, call sign, and suffix (line 2).		
c. Number of patients by precedence (line 3).		
d. Special equipment required (line 4).		
e. Number of patients by type (line 5).		
f. Security of pickup site (line 6).		
g. Method of marking pickup site (line 7).		
h. Patient nationality and status (line 8).		
i. CBRN contamination (line 9).		
3. Transmit the MEDEVAC Request.		
a. Contact the unit that controls the evacuation assets.		
NOTE: For EFMB testing purposes it is recommended that the evaluator be the evacuation asset up transmitting the MEDEVAC over the net is NOT recommended for EFMB testing.	nit. Actu	ually
(1) Load the correct frequency of the evacuation asset unit into the SINCGARS.		

NOTE: The SINCGARS will be assembled and operational. The following are the only steps the candidate is required to perform in preparing the SINCGARS for transmitting the MEDEVAC request. The host unit may elect to have the evacuation asset's frequency preloaded on one of the channels. However, it is the candidate's responsibility to ensure that channel is selected when transmitting the MEDEVAC request. Failure to load the correct frequency and contact the calling station will constitute a NO-GO.					
(a) Set "CHAN" to desired channel via "MENU" key.					
(b) Press "FREQ," then "CLR" on the keypad.					
(c) Enter the frequency given and press "STO" on the keypad.					
(2) Make proper contact with the intended receiver.					
(3) Use effective call sign and frequency assignments from the scenario.					
(4) Give the following in the clear "I HAVE A MEDEVAC REQUEST;" wait 1 to 3 seconds for response. If no response, repeat the statement.		<del> </del>			
b. Transmit the correct information for lines 1 through 9 of the MEDEVAC request in the proper sequence.					
NOTE: Line numbers 1 through 5 must always be transmitted during the initial contact with the evaluines 6 through 9 may be transmitted while the aircraft or vehicle is en route or immediately following.					
(1) Transmit using proper radio procedures, and prowords.					
(2) The proword "BREAK" must be given between each patient category in line 3 and between each patient type in line 5.					
(3) Correct brevity codes must be utilized for the applicable lines of the MEDEVAC request.					
4. Correctly perform all performance steps/measures within 5 minutes.					
<b>EVALUATOR WRITES:</b> TIME REQUIRED TO PERFORM TASK:					
NOTE: The 5-minute time limit ends when the candidate completes line 9 with the proword "OVER	NOTE: The 5-minute time limit ends when the candidate completes line 9 with the proword "OVER."				
REASON(S)  FOR FAILURE  DOES THE CANDIDATE WISH TO REBUT THIS TASK?  (CANDIDATE INITIALS APPROPRIATE BOX)		NO			
LANE EVALUATOR'S SIGNATURE	DATE				

## **EFMB Test Score Sheet**

COMMO — SUBMIT NBC 1 REPORT (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T)

CANDIDATE'S RANK AND NAME CANDIDATE #

TASK: SUBMIT NBC 1 REPORT.

<b>CONDITIONS:</b> A chemical attack has just occurred in your area. You have a watch, map, compass, proor pen, paper, and the CBRN Warning and Report System guide (GTA 03-06-08).	otracto	r, pencil	
<b>STANDARDS:</b> Submit Spot Report to give attack notification. Submit NBC 1 Report using the correct for content within 10 minutes.	ormat a	and	
NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.			
PERFORMANCE STEPS/MEASURES	( 0	NO-GO	
1. After protecting yourself from a CBRN attack, record and submit a Spot Report immediately using the S-A-L-U-T-E format.			
NOTE: The purpose of the Spot Report is to give immediate notification of the CBRN attack. The Spot report containing information for which speed of transmission is essential. A spot report does not have a format, but use of the S-A-L-U-T-E format will ensure reporting of essential information.			
a. Identify enemy activity. Determine whether observed activity is friendly or enemy. If unable to make determination, report activity as unknown.			
b. Record information in a Spot Report, using the S-A-L-U-T-E format. The Spot Report is a report containing information for which speed of transmission is essential.			
(1) S - Size. Report the number of personnel, vehicles, aircraft, or size of an object.			
(2) A - Activity. Report detailed account of actions, such as, direction of movement, troops digging in, artillery fire, type of attack, and CBRN activity.			
(3) L - Location. Report where you saw the activity. Include grid coordinates or reference from a known point including the distance and direction from the known point.			
(4) U - Unit. Report the enemy's unit. If the unit is unknown, report any distinctive features, such as uniforms, patches or colored tabs, headgear, and vehicle identification markings.			
(5) T - Time. Report the time the activity was observed, not the time you report it. Always report local or Zulu time.			
(6) E - Equipment. Report all equipment associated with the activity, such as weapons, vehicles, tools. If unable to identify the equipment, provide as much detail as you can so that higher headquarters can make identification.			
c. Remarks. Include any information not included in the S-A-L-U-T-E format.			
d. Provide a written Spot Report to chain of command (evaluator for testing purposes).			
Submit NBC 1 (Observer's) Report after you have gathered available data.			
a. Fill out required information as outlined in GTA 03-06-008.			
(1) Line B. Location of observer and direction of attack (use grid coordinates or place name).			
(2) Line D. Date-time group of the attack (specify local or Zulu time).			
(3) Line G. Means of delivery and quantity information (see legend: AIR, BOM, MSL, etc.)			
(2) Line I. Release information / Type of agent / Type of burst / Type of detection			
(4) Line T. Terrain / topography and vegetation description			
b. Select proper communication precedence.			
(1) If this is the first attack of its type (first nuclear, first biological, or first chemical) use FLASH precedence. FLASH precedence is used to report first use of CBRN weapons against U.S. troops.			
NOTE: FLASH reports should not be delayed for lack of any of the information.			
(2) Use IMMEDIATE precedence for all other attacks.			
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c. Submit CBRN 1 Report to higher headquarters (evaluator for testing purposes).			
3. Correctly perform all performance steps/	measures within 10 minutes.		
<b>EVALUATOR WRITES:</b> TIME REQUIRED	TO PERFORM TASK:		
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES	NO
LANE OIC/NCOIC EVALUATOR'S SIGNATURE INITIALS		DATE	

Worksheet # 035 to construct AMEDDC&S Form 1232, 1 NOV 11

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#### **EFMB Test Score Sheet** COMMO — SUBMIT EXPLOSIVE HAZARD SPOT REPORT (For use of this form, see AMEDDC&S Pam 350-10, the proponent is MCCS-OP-T) CANDIDATE'S RANK AND NAME CANDIDATE # TASK: SUBMIT EXPLOSIVE HAZARD SPOT REPORT. CONDITIONS: An UXO or IED hazard has been observed in your area. You have a watch, map, compass, protractor, pencil or pen, paper, and the 9-line Explosive Hazard Spot Report format guide (GTA 09-12-001). STANDARDS: Submit 9-line Explosive Hazard Spot Report using the correct format and content within 5 minutes. NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY. PERFORMANCE STEPS/MEASURES GO NO-GO 1. After taking protective measures from a UXO or IED hazard, record and submit a written 9 line explosive hazard spot report. a. Gather and record information in a standard 9-line Explosive Hazard Spot Report format. (1) Line 1: Date and time of the fall, impact, or finding of the UXO/IED item(s). (2) Line 2: The exact location of item(s) grid coordinate (8-digit minimum) including landmarks, reference points, or street addresses. (3) Line 3: The name and organization of person reporting the incident including radio frequency and call sign or phone number. (4) Line 4: Identify UXO by type (dropped, projected, thrown, placed) and subgroup. (5) Line 5: CBRN contamination: Yes or No, known or suspected CBRN contamination. If yes, report type of agent if known or identified. (6) Line 6: What resources are threatened? (7) Line 7: How the UXO has affected unit mission? (8) Line 8: The safety/protective measures that have been taken including the evacuation distances that have been accomplished. (9) Line 9: The requested priority for receiving EOD support (Immediate, indirect, minor, or no threat). b. Provide a written 9-line Explosive Hazard Spot Report to higher headquarters (evaluator for testing purposes). NOTE: Be prepared to provide a guide to the EOD team. 2. Correctly perform all performance steps/measures within 5 minutes. **EVALUATOR WRITES:** TIME REQUIRED TO PERFORM TASK: REASON(S) FOR FAILURE DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX) EVALUATOR'S SIGNATURE DATE LANE OIC/NCOIC INITIALS